Customer Agreement/Service Contract Addendum

By signing this application for <u>Water/Sewer/Garbage Service</u>, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The <u>Town of Estill</u> has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If <u>Town of Estill</u> chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the <u>Town of Estill</u>. If <u>Town of Estill</u> chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

Application for Services

WATER, SEWER, & GARBAGE APPLICATION FORM TOWN OF ESTILL, SC

	TRANSFER_ PHONE NUM	SC STATE ID # GARBAGE CAN
EFFECTIVE DATE * IF THIS IS A TRANSFER, COMPLETE THE TWO LINES BELOW: FROM: TO: GARBAGE CANS: #REQ TC# BILLING/FORWARDING ADDRESS EMPLOYER NAME & ADDRESS	TRANSFER PHONE NUM (for example: if you a	GARBAGE CAN
EFFECTIVE DATE * IF THIS IS A TRANSFER, COMPLETE THE TWO LINES BELOW: FROM: TO: GARBAGE CANS: #REQ TC# BILLING/FORWARDING ADDRESS EMPLOYER NAME & ADDRESS	TRANSFER PHONE NUM (for example: if you a	GARBAGE CAN
* IF THIS IS A TRANSFER, COMPLETE THE TWO LINES BELOW: FROM: TO: GARBAGE CANS: #REQTC# BILLING/FORWARDING ADDRESS EMPLOYER NAME & ADDRESS	(for example: if you a	
FROM: TO: GARBAGE CANS: #REQTC# BILLING/FORWARDING ADDRESS EMPLOYER NAME & ADDRESS		are moving from one location in estill to another one)
TO: GARBAGE CANS: #REQTC# BILLING/FORWARDING ADDRESS EMPLOYER NAME & ADDRESS	M#	
GARBAGE CANS: #REQTC# BILLING/FORWARDING ADDRESS EMPLOYER NAME & ADDRESS		READING
BILLING/FORWARDING ADDRESS	M#	READING
EMPLOYER NAME & ADDRESS ———————————————————————————————————	#RE	T TC#
EMPLOYER NAME & ADDRESS ———————————————————————————————————		
CHECK ONE: * RENTAL PROPERTY		RSONAL PROPERTY
STOP. PLEASE READ THE ATTACHED RULES AN		
CUSTOMER SIGNATURE		DATE
FOR OFFICE USE ONLY-		
METER DEPOSIT: WATER TAP	SEWER TAP	TOTAL PAID:
DATE CONNECTED/ DISCONNECTED		
	METER NUMBER	
CLERK ASSIGNING ACCOUNT		